

# MEDICAL SOCIETY of SEDGWICK COUNTY

1102 S. Hillside • Wichita, Kansas 67211 • Phone (316) 683-7557 • Fax (316) 683-1606 • [www.mssconline.org](http://www.mssconline.org)

COPY

February 10, 2011

Jeff Colyer, MD, Lieutenant Governor  
State Capitol, 2<sup>nd</sup> Floor  
300 SW 10<sup>th</sup> Ave.  
Topeka, KS 66612

Received On

FEB 15 2011

Kansas Health Policy Authority

Dear Lt. Governor Colyer:

Thank you for convening our meeting at the Medical Society of Sedgwick County on January 27<sup>th</sup>; it was our pleasure to meet with you. We appreciated your candor about state budget issues and we recognize the difficult responsibility elected and appointed officials face in reconciling revenue shortfalls with the need to provide important services to Kansans. Our discussion focused on potential Medicaid-reform activities that could address this difficulty. We again extend one option for consideration - to reopen the Enhanced Care Management (ECM) program for Medicaid enrollees in Sedgwick County.

In 2005, SRS then-Medicaid Director Robert Day, PhD, approached Central Plains Regional Health Care Foundation (Central Plains), the nonprofit affiliate of the Medical Society of Sedgwick County. Dr. Day requested a five-year pilot care management program for Medicaid enrollees. In March 2006, the ECM program opened. We incorporated elements of care coordination, social and medical case management, disease management and the Chronic Care model. ECM funding sources were 50% state funds with an administrative match of 50% federal Medicaid funds. Regrettably, the state's budget shortfall led to a decision by KHPA officials to de-fund the ECM program in 2009, after serving 736 high-need patients.

ECM services led to improved health outcomes and promoted more efficient and effective use of Medicaid services. Based on verbal reports, we understand that an independent contracted evaluation demonstrated the program's value in significant cost savings for the state's Medicaid program.

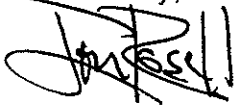
Although there would be some start-up costs and time needed to reopen ECM (hiring new staff for example), many program components could easily be reinitiated. The original business plan and completed program manual are still available, and a software program developed specifically for ECM remains intact for potential future use. In addition, we continue to have strong working relationships with primary care providers and specialists continue as a result of our ongoing role in coordinating care for the uninsured through our current Project Access program.

MSSC

We recognize that ECM is an expensive program to operate (roughly \$950,000 per year with approximately \$82,000 in additional start-up costs needed for year one), but again, leveraging federal matching dollars would help fund the project. The resulting savings for the state's Medicaid program would likely far outweigh those costs. Furthermore, this model could be replicable in other Kansas communities, which should net significant cost savings throughout the state. We would be happy to contract with the state to provide technical assistance for other communities attempting to replicate the program.

Thank you again for visiting with our team in Wichita. We look forward to possible future discussions. Please call me or Anne Nelson at 316-683-7557 if there is anything we can do to assist as Medicaid-reform activities unfold. We welcome the opportunity to be actively engaged in the dialogue.

Sincerely,



Jon Rosell, Ph.D., Executive Director  
Medical Society of Sedgwick County

Enclosure: ECM Program Summary

C: Barbara Langner, Ph.D.  
Director, Medicaid  
Kansas Health Policy Authority

David Grainger, MD  
Chair, Central Plains Regional Health Care Foundation  
Board of Directors

Linda Francisco, MD  
Chair, Medical Society of Sedgwick County  
Board of Directors

Anne Nelson  
Associate Executive Director  
Central Plains Regional Health Care Foundation

## **Enhanced Care Management (ECM)**

In March 2006, the Central Plains Regional Health Care Foundation, a nonprofit affiliate of the Medical Society of Sedgwick County, opened the Enhanced Care Management (ECM) program. ECM extended care management services to Medicaid HealthConnect (fee-for-service) enrollees who resided in Sedgwick County. ECM was funded through a contract with the Kansas Health Policy Authority, which administers the Kansas Medicaid program.

The state purchased the ACG predictive modeling software program from Johns Hopkins University to identify patients, via claims data, who were at risk of becoming high utilizers of medical services over the following year. Those patients were referred to ECM by KHPA staff. Enrollment was voluntary. A significant outreach process was implemented to invite and welcome this highly marginalized population into the program. ECM patients experienced multiple chronic conditions and significant socio-economic challenges.

ECM was designed as a patient-centered care management service that partnered with the local health care community. The program infused standards of practice for a wide variety of disease states, culled from the Kansas City Quality Improvement Consortium. The program implemented a multi-disciplinary team approach:

- Nursing and social service professionals who worked in teams to provide home-based care management services for enrollees
- Contracted physician medical director
- Contracted community consultants (mental health experts, pain management/addiction specialists/evaluators, etc)

ECM was designed to improve enrollees' health outcomes while promoting more efficient and effective use of Medicaid services. The program incorporated elements of care coordination, case management, disease management and the Chronic Care model:

- Nurses educated patients on disease-specific self-management techniques, supported patient adherence to prescribed medication use and provider treatment plans, and accompanied patients to medical appointments when appropriate
- Nurses served as liaisons between patients and their providers to improve communication
- The contracted medical director had access to Medicaid claims data to review specific patients' utilization patterns and to identify previous treating providers
- Most ECM patients entering the program hadn't seen a primary care provider for more than a year, but claims data indicated they had a history of multiple chronic conditions including diabetes, congestive heart failure and asthma

Central Plains Regional Health Care Foundation, Inc.

February 2011

[annnelson@projectaccess.net](mailto:annnelson@projectaccess.net)

- Care managers helped patients access blood pressure monitors, weight scales, medication planners, pedometers, exercise tools, shower chairs, canes, safe and affordable housing, food, utility and clothing assistance, mental health and substance abuse services, credit counseling, and legal aid.

**From March 1, 2006 to July 1, 2009:**

- 736 patients were served in the ECM program
- Average length of enrollment was **eight months**
- Internal evaluation process measured clinically significant improvement in patients' self-reported health status.

**Preliminary results of an external evaluation by Ruth Wetta-Hall, Ph.D., KUSM-W, Dept. of Preventive Medicine:**

- Analyzed two years of claims data on 140 randomly selected ECM enrollees (compared utilization of health care services two years prior to enrollment to two years post enrollment in ECM)
- Utilization costs were reduced from \$11 million to \$5.5 million over a 2-year period, measuring a cost reduction of 50% for those patients
- The KHPA's \$1,638,400 investment in the ECM program leveraged a \$5.5 million cost savings, just for those 140 Medicaid HealthConnect enrollees
- Dr. Wetta-Hall recently completed a comparison of ECM enrollees to a population of similar patients in Wyandotte County. Results are unknown, as this report is not yet available.

**Enhanced Care Management Database:**

A database was designed in-house by staff and a contracted software developer. It tracked:

- Detailed demographic information
- Contacts with patients and providers, and the amounts of time associated with those contacts in minutes (phone calls to and from, in-person meetings, collateral contacts, etc)
- Patients' medical histories (including prior providers)
- Lists of patients' medications compiled by nurse care managers
- Referrals made to other providers and social service agencies
- Detailed care plans and goal achievement
- Patients' responses to assessment survey instruments (the software automatically scored surveys)
- The ECM software program remains intact for potential future use.